

(1) PLACE OF BIRTH

County of ...

Township of ...

Inc. Town of ...

City of ...

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — for State Register Only

41211

Registration District No. 812 Registered No. 71

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Girl

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

12 12 23

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

W. I. Baker

(9) NAME BEFORE MARRIAGE

Amin Hunter

(10) PRESENT POSTOFFICE OF FATHER

Kershaw

(11) PRESENT POSTOFFICE OF MOTHER

Kershaw

(12) COLOR OR RACE

White

(13) AGE AT LAST BIRTHDAY

52

(Years)

(14) COLOR OR RACE

White

(15) AGE AT LAST BIRTHDAY

38

(Years)

(16) BIRTHPLACE

SC

(17) BIRTHPLACE

SC

(18) OCCUPATION

Farmer

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

9

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Amin on 12 12 23 at 9 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. I. Baker, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Kershaw

(26) Given name added from a supplemental report

101

Registrar

(27) Witness

(Signature of Witness necessary only when question 25 is signed by Mark)

(28) Filed 12 15 23(29) W. I. Baker, M.D. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.